

**GRANTEE:**

**Inter-Tribal Council of Michigan**

**PROGRAM TITLE:**

*The Partnership for Anishnaabe Binoojiinyensag  
Tribal Home Visiting Program*

**PROGRAM PERIOD:**

Cohort 3 (September 30, 2012 to September 29, 2017)

**KEY GRANTEE PROGRAM STAFF**

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**GOAL OF THE PROGRAM**

The Partnership for Anishinaabe Binoojiinyensag Project seeks to address persistent disparities in maternal, infant, and early childhood health and in social indicators among the American Indian (AI) population in seven Michigan communities. The project will expand the capacity of an existing network of services, transforming it into a comprehensive, high-quality early childhood system.

**COMMUNITY CONTEXT FOR THE PROGRAM**

<b>State:</b>	Michigan
<b>Rural or Urban/Reservation or Non-Reservation:</b>	Rural Reservation and Urban Non-Reservation
<b>Description of Service Area:</b>	The Inter-Tribal Council of Michigan (ITCM) distributes funding to seven implementing sites, five rural tribal reservation communities, one non-reservation community, and one urban program. The 7 sites implementing the program include (1) the Bay Mills Indian Community, (2) Nottawaseppi Band of Huron Potawatomi, (3) Keweenaw Bay Indian Community, (4) Lac Vieux Desert Indian Tribe, (5) Little Traverse Bay Bands of Odawa Indians, (6) Match-E-Be-Nash-She-Wish Potawatomi Gun Tribe, and (7) the American Indian Health and Family Services of Southwestern Michigan. The service area spans 19 counties in Michigan and is characterized by significant geographical dispersal, variance in population density, diversity in urban/rural setting, and varying degrees of infrastructure.
<b>Births Per Year:</b>	In 2011, there were approximately 600 AI births in the project's service area.
<b>Children Ages Birth to 5 Years in Target Community:</b>	Information not available.

## COMMUNITY CONTEXT FOR THE PROGRAM (continued)

<b>Unique Characteristics of Target Community:</b>	The target community includes 5 reservation communities and 2 sites that are off reservations that have multiple tribal members. Addressing each distinct tribal culture and history will be challenging.
<b>Key Community Partners:</b>	<ul style="list-style-type: none"> <li>• Healthy Start</li> <li>• State Medicaid MIHP (Maternal and Infant Health Program)</li> <li>• Early Head Start</li> <li>• Well-Child Services and Immunizations</li> <li>• Honoring our Children Kellogg Planning Initiative</li> <li>• Head Start</li> <li>• Teen Pregnancy Services</li> <li>• Tribal Child Care Centers</li> <li>• Child Protective Services</li> <li>• Tribal PREP</li> <li>• Tribal &amp; Community Medical Care</li> <li>• Kent County Newborn Visits</li> </ul>
<b>Primary Risk Factors in Target Community:</b>	Risk factors include a lack of community knowledge about existing services, high rate of low birth weight, teenage pregnancies, high infant mortality, high incidence of sudden unexpected infant deaths, high rates of suicide among women of reproductive age, high rates of child abuse and neglect, high rates of poverty and public assistance use, and high incidence of domestic and intimate partner violence.

## PROGRAM DELIVERY CONTEXT

<b>Organization Type Administering the Program:</b>	ITCM is a non-profit organization that functions as a coalition of federally recognized tribes.
<b>Implementing Agency:</b>	Inter-Tribal Council of Michigan, Inc.
<b>Target Population:</b>	The target population includes AI children who reside in the service area.
<b>Target and Actual Numbers Served:</b>	Currently 300 unduplicated families are served per year through ITCM's Healthy Start program across the seven implementing sites. An objective of the Partnership for Anishinaabe Binoojiiyensag Project is to increase this number by 30 percent to serve closer to 400 per year between the two programs

## HOME VISITING MODEL SELECTED

Partnership for Anishinaabe Binoojiiyensag Project is using the Family Spirit home visiting model.

## KEY MODEL ADAPTATIONS OR ENHANCEMENTS

Adaptations under development include:

- adding an intense school readiness component by integrating evidence-informed early literacy tools and activities into visits with families of 3 to 5 year olds
- adding content and demonstration activities to Family Spirit child development lessons for families with children ages 2 to 5 years (to support the development of early numeracy and letter and number recognition)

## KEY MODEL ADAPTATIONS OR ENHANCEMENTS (continued)

- conducting Family Spirit prenatal lessons with mothers who want to begin the program before 28 weeks of gestation
- incorporating staff from a variety of professional backgrounds in home visits including paraprofessionals, social workers, nurses, and early childhood development specialists
- developing Ojibwe-, Odawa-, and Potawatomi-specific cultural adaptations to include examples, teachings, and other relevant content

Other possible cultural adaptations include drawing upon the strengths of community teachings as they relate to family, parent, and child/infant wellness.

## DESCRIPTION OF EARLY CHILDHOOD SYSTEM

All seven sites implementing the Partnership for Anishinaabe Binoojiyensag Project (PAB) have their own early childhood systems. ITCM collaborates extensively with three programs—Healthy Start, Head Start, and Early Head Start—that are widely available. Healthy Start serves eight sites, six of which are also Partnership for Anishinaabe Binoojiyensag Project sites. Four of the seven PAB sites have both Early Head Start and Head Start, a fifth site has Head Start only, and the Early Head Start program provides a small number of home visits at one tribal site (Little Traverse Bay Band of Odawa). The total childhood system funding dedicated to specifically serving AI children, averaged across all seven sites (for both administration and direct service), and is approximately \$3.7 M, which is roughly equivalent to \$1,200 to \$2,200 per child per year (depending on the population estimate used). Although parents and community members highly value existing programs and services, focus group results suggest that families continue to face many needs related to early childhood, and most of the Head Start and Early Head Start programs have long waiting lists. While birth outcomes have improved, delays and deficits in early literacy and numeracy skills are continually documented on Tribal Head Start enrollment assessments. Aside from the three Head Start/Early Head Start programs, Partnership for Anishinaabe Binoojiyensag Project staff participate regularly in workgroups, steering committees, and programs with the following early childhood programs: Michigan Healthy Start, Chronic Disease Prevention, Access to Recovery Substance and Abuse/Tribal Behavioral Health Network. These partnerships are aimed at sharing resources and working in line with tribes’ holistic view of health and understanding of life.

## EVALUATION APPROACH

### Evaluation Question

Do children who participate in “scaled up” Family Spirit Home Visiting services with early learning enhancements demonstrate higher attainment of developmentally appropriate emergent-literacy skills at age 3 compared to children receiving standard Family Spirit Home Visiting services?

Do parents who participate in “scaled up” Family Spirit Home Visiting services with parental skill building enhancements demonstrate higher level of achievement in developmental parenting skills that support emergent literacy when children are age 3 compared to parents receiving standard Family Spirit Home Visiting services?

## Evaluation Design

The proposed evaluation design is a cluster randomized control group design with wait list control selection with procedures for assigning the intervention status to each group/Tribe (Tribe/program site will be used as the randomization unit).

## KEY FEDERAL AND TECHNICAL ASSISTANCE (TA) STAFF:

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